

CONSOLIDATED COMMUNITY FUNDING POOL DEMOGRAPHIC MONTHLY REPORT FORM

Project: _____ Agency: _____ Month: _____ Date: _____

Prepared By: _____ Telephone: _____ Approved By: _____ Title: _____

Number of Unduplicated Clients and Households Served

Month & Year	(A) Total Number of Unduplicated Households (H)and Clients (C) Served This Month		(B) Total Number of New Households (H) and Clients (C) Served This Month		(C) Extremely Low Income	(D) Very Low Income	(E) Low/ Moderate Income	(F) White Not Hispanic Origin	(G) Black Not Hispanic Origin	(H) American Indian or Alaskan Native	(I) Hispanic	(J) Asian or Pacific Islander	(K) Other	(L) Female Headed Households	(M) Familial Status (of families w/children under age 18)	(N) Handicapped (a physical or mental impairment which substantially limits one or more major life activities)	(O) Elderly (# of persons age 55 or older)	(P) Unemployed persons (Do not include dependents in high school or below)	(Q) TANF (# of House holds enrolled in TANF)
	H	C	H	C	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
July																			
August																			
September																			
October																			
November																			
December																			
January																			
February																			
March																			
April																			
May																			
June																			
Total																			

See instructions on back

Report number of clients and households carried over from June 30, 1999
Number of Clients_____ Households_____

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Report number of clients and households carried over from June 30, 1999
Number of Clients_____ Households_____